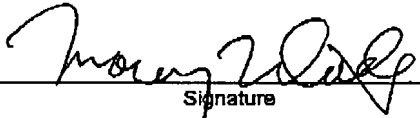


JUN 19 2007

PTO/SB/22 (12-04)

Approved for use through 07/31/2008. OMB 0451-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810))</small>		Docket Number (Optional) P-9859-US
In re Application of: Michael GOLDBERG et al.		
Application Number:	10/541,433	Examiner: David LUKTON
Filed:	July 5, 2005	Group Art Unit: 1654
For: NIGHT TIME ORAL INSULIN THERAPY		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. The requested extension and appropriate fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	Fee \$120 \$450 \$1020 \$1590 \$2160	Small Entity Fee \$60 \$225 \$510 \$795 \$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3355. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a):		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
19 June 2007 _____ Date	<div style="text-align: center;">  _____ Signature Morey B. Wildes Reg. No. 36,968 _____ Typed or printed name </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

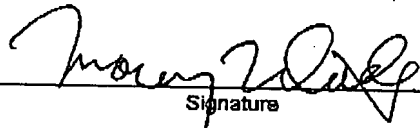
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 19 2007

PTO/SB/22 (12-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810))</small>		Docket Number (Optional) P-9859-US
In re Application of: Michael GOLDBERG et al.		
Application Number: 10/541,433	Examiner: David LUKTON	
Filed: July 5, 2005	Group Art Unit: 1654	
For: NIGHT TIME ORAL INSULIN THERAPY		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. The requested extension and appropriate fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60 \$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3355. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> assignee of record of the entire interest.		
<input type="checkbox"/> applicant.		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
19 June 2007 Date	<div style="text-align: center;">  Signature Morey B. Wildes Reg. No. 36,968 Typed or printed name </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form, to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.